REPORT - HIPAA 837P to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Professional							
1000A	**NM1**	**Submitter Name**		**R**					
1000B	**NM1**	**Receiver Name**		**R**					
2000A	**HL**	**Billing/Pay-to Provider Hierarchical Level**		**R**				For translator, we should estim. the max # providers per tx	Translation
2010AA	**NM1**	**Billing Provider Name**		**R**				Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent	Translation
2010AB	**NM1**	**Pay-to Provider Name**		**S**					
2000B	**HL**	**Subscriber Hierarchical Level**		**R**				For translator, we should approximate what is the max # subscribers per provider: rec. max. 5000?	Translation
2000B	SBR09	Claim Filing Indicator Code	ID2	S	Medical-Claim	CLM-INPUT-FORM-IND	X(1)	Store for use in 835-CLP06; required until PlanID is used. Use this field?	Match Back
2010BA	**NM1**	**Subscriber Name**		**R**					
2010BA	NM109	Subscriber Primary Identifier	AN80	S	Medical-Claim	RECIP-IDENT-NUMBER	X(14)	If NM108=MI, this is DSHS PIC	Match Back
2010BB	**NM1**	**Payer Name**		**R**					
2010BC	**NM1**	**Responsible Party Name**		**S**					
2010BD	**NM1**	**Credit/Debit Card Holder Name**		**S**					
2000C	**HL**	**Patient Hierarchical Level**		**S**					
2010CA	**NM1**	**Patient Name**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**CLM**	**Claim Information**		**R**					
2300	CLM05	Facility Type Code	AN2	R	Medical-Claim	PLACE-OF-SERVICE	X(1)	Expand to 2 digits and convert to standard values	Match Back
2300	DTP03	Order Date	AN35	R				Store and send back if doing electronic COB	Match Back
2300	REF02	Claim Original Reference Number	AN30	R	Institutional-Claim	TCN-TO-CREDIT	9(17)	Return in 835.	Match Back
2300	REF02	Claim Original Reference Number	AN30	R	Medical-Claim	TCN-TO-CREDIT	9(17)	Return in 835.	Match Back
2305	**CR7**	**Home Health Care Plan Information**		**S**					
2310A	**NM1**	**Referring Provider Name**		**S**					
2310B	**NM1**	**Rendering Provider Name**		**S**					
2310B	REF02	Rendering Provider Secondary Identifier	AN30	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	Match back required	Match Back
2310C	**NM1**	**Purchased Service Provider Name**		**S**					
2310D	**NM1**	**Service Facility Location**		**S**					
2310E	**NM1**	**Supervising Provider Name**		**S**					
2320	**SBR**	**Other Subscriber Information**		**S**				Not more than 2 other payers	Electronic COB
2330A	**NM1**	**Other Subscriber Name**		**R**					
2330B	**NM1**	**Other Payer Name**		**R**					
2330C	**NM1**	**Other Payer Patient Information**		**S**					

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2330D	**NM1**	**Other Payer Referring Provider**		**S**					
2330E	**NM1**	**Other Payer Rendering Provider**		**S**					
2330F	**NM1**	**Other Payer Purchased Service Provider**		**S**					
2330G	**NM1**	**Other Payer Service Facility Location**		**S**					
2330H	**NM1**	**Other Payer Supervising Provider**		**S**					
2400	**LX**	**Service Line**		**R**					
2400	SV101	Product or Service ID Qualifier	ID2	R				Store & send back in 835 SVC01-1	Match Back
2400	SV104	Service Unit Count	R15	R				need to store orig units from 837 SV104; add use of decimal units	Match Back
2400	SV105	Place of Service Code	AN2	S	Medical-Claim	PLACE-OF-SERVICE	X(1)	Expand to 2 digits & use standard codes	Match Back
2400	DTP03	Service Date	AN35	R	Medical-Claim	FIRST-DATE-OF-SVC_service_level	9(5)	If it's a date range, use format: CCMMYYDD-CCMMYYDD	Match Back
2400	DTP03	Service Date	AN35	R	Medical-Claim	LAST-DATE-OF-SVC_service_level	9(5)	If it's a date range, use format: CCMMYYDD-CCMMYYDD	Match Back
2400	REF02	Line Item Control Number	AN30	R				Store and send back in 835 2110 REF "6R"-provider control number	Match Back
2420A	**NM1**	**Rendering Provider Name**		**S**					
2420A	NM109	Rendering Provider Identifier	AN80	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	Match back required. Need to add service line level PERFORMING-PROV-NUM to medical claim	Match Back
2420B	**NM1**	**Purchased Service Provider Name**		**S**					

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2420C	NM1	Service Facility Location		S					
2420D	NM1	Supervising Provider Name		S					
2420E	NM1	Ordering Provider Name		S					
2420F	NM1	Referring Provider Name		S					
2420G	NM1	Other Payer Prior Authorization or Referral Number		S					
2430	SVD	Line Adjudication Information		S					
2440	LQ	Form Identification Code		S					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)